



HFV LIVE WELL APPLICATION FORM

About HFV Live Well Grants

PURPOSE

Live Well Grants are available to members of Haemophilia Foundation Victoria Inc. (HFV) that have a bleeding disorder or an immediate family member impacted as a result.

The purpose for the Live Well Grant is to provide an opportunity to assist with an expense that would otherwise not be possible without assistance from HFV under this program.

AMOUNT

Although there is no absolute limit, as a guide, previously approved Live Well Grants have generally been for amounts of between \$50 and \$500.

HOW TO APPLY

Individual members must complete the application form attached.

Please attach supporting documentation including a letter of support from your Haemophilia Treatment Centre where appropriate

Completed Applications should be returned to: HFV, C/- Executive Assistant, 13 Keith St, Hampton East, or email: andrea@hfv.org.au or fax: 03 9555 7375.

CONFIDENTIALITY

The committee will always make decisions under rules of confidentiality at all times.

When reviewing each application the potential benefit to the applicant member with regard to improving a health outcome or enjoyment of life given other health issues caused by the bleeding disorder will be considered.

HFV LIVE WELL APPLICATION FORM

How to fill in the Application Form:

1. Download the document
 2. Click File - Save As
 3. Save on your computer and re-name the document, preferably your name followed by "Live Well Application"
 4. Type in the relevant information
 5. Click Save
 6. Attach and email the application and any other relevant information to andrea@hfv.org.au
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Applicant Name

Parent/Guardian (if applicant under 18 yrs):

Address

Suburb

State

Postcode

Please tick one of the following options:

I am a person with a bleeding disorder, their guardian or parent

I am an immediate family member impacted by a bleeding disorder

Bleeding disorder

Severity of bleeding disorder

Please provide a brief description of the item/activity.

Please outline the anticipated benefits for the applicant (eg. health benefits, and/or improved quality of life)

Total cost of Item /
Activity

Please attach quotes/tax
invoices

Amount requested
from HFV

What other funding sources, if any, are available/have you secured for this item/activity

A letter of support from the Haemophilia Treatment Centre is attached

yes no

Any other comments in support of your application

Thank-you for your application. Our office will make contact immediately a decision has been made.

HFV 13 Keith St, Hampton East Vic 3188, Tel: 03 9555 7595 Fax: 03 9555 7375 Email: info@hfv.org.au